



Minnesota State Patrol

High school Mentorship Program

402 2nd Ave
Bovey, MN 55709



Purpose of the Mentorship:

The Minnesota State Patrol District 3100 hosts a mentorship-recruitment program. The program is designed for high school seniors within or near District 3100 (Itasca, Northern St. Louis and Koochiching Counties) who are interested in a career in law enforcement. Participants are exposed to the many facets of the Minnesota State Patrol while attending high school. The mentorship takes place from February-May and may lead to an internship or summer academy opportunity which will give hiring preference (gives the applicant higher consideration during Trooper application process). The mentorship combines administrative and field experience on the duties of an MSP Trooper.

The District 3100 mentorship program prepares you for a career as a State Trooper.

Application deadline: Friday February 5, 2021.

Selections made by: Friday February 12, 2021.

Start date: Saturday February 27, 2021.

Eligibility:

To be considered for a mentorship with the Minnesota State Patrol District 3100, students must meet the following criteria:

- Must be a current high school senior with a cumulative GPA of 2.0 or higher.
- Must have plans to attend a regionally accredited college/university following high school graduation.
- Must possess a valid driver's license or have the ability to acquire one prior to the starting date.
- Must submit to and pass a driver's license/criminal history check.

Application Requirements:

To apply for the mentorship, all students must provide the following:

- Completed application.
- Cover letter outlining your career goals and why you would like a mentorship with the Minnesota State Patrol.
- A signed ride-along participant agreement form and ride along waiver of claim form.
- A signed driver's license/criminal history form.
- A signed confidentiality agreement form.

Please scan and email application to patrol.recruiter@state.mn.us. *Only those who fully complete the above forms before the deadline will be considered for this opportunity.*

Please contact Trooper Trevor Klatt at [218-350-0009](tel:218-350-0009) or Trevor.Klatt@state.mn.us with any questions.

APPLICATION: MUST BE COMPLETED IN FULL TO BE ELIGIBLE FOR CONSIDERATION. Please print in black ink. You must also include all other required documentation listed in the enclosures.

Complete Name:

(Last) (First) (Middle)

Home Phone # _____ Cell Phone # _____

Date of Birth ____/____/____ Gender ____ Driver's License # _____

Mailing Address _____

City _____ State _____ Zip _____

Email Address _____

Health Insurance Carrier _____

Policy or Group # _____

I wish to not provide health insurance information ☐

Emergency Contact: Name _____ Relationship _____

Address _____ Phone _____

School name and Address: _____

*High school seniors: Please also list the name of the college you will be attending.

Graduation Date (Month/Year) ____/____ Current cumulative GPA _____

Polo Shirt Size: XS S M L XL XXL Other: _____

Please list any special accommodations: _____

Signature of applicant: _____

Signature of parent/guardian (if under the age of 18) _____

Commitment:

Meetings will be held at the Trout Lake Emergency Center located at 402 2nd Ave, Bovey, MN 55709 with a beginning date of 02/27/2021. We will meet every other Saturday with a graduation date of 05/22/2021.

Following graduation, one student will be offered an internship opportunity with our agency.

Chain of Command:

- Captain Jason Engeldinger
 - Lieutenant Michael Eck
 - Lieutenant Aaron Nevala
 - Sergeant David Rock (MSP Recruitment Coordinator)
 - Trooper Trevor Klatt (District 3100 Recruiter, Mentorship Coordinator)

Trooper Klatt is your first line of contact

Schedule:

Time	1st Mtg	2nd Mtg	3rd Mtg	4th Mtg	5 th Mtg	6th Mtg	7th Mtg
	2/27/2021	3/13/2021	3/27/2021	4/10/2021	4/24/2021	5/8/2021	5/22/2021
1000 hrs	Introductions	Use of Force Intro	SFST/ARIDE Intro	Radio and I-Mobile	K9	Scenarios	"What Comes Next"
1100 hrs	MSP History	Defensive Tactics		Tour of Local Jail			
1200 hrs	Hiring Process		SFST Scenarios		Flight		
1300 hrs		UOF Scenarios					
1400 hrs	Debrief Dismiss	Debrief Dismiss	Debrief Dismiss	Debrief Dismiss	Debrief Dismiss	Debrief Dismiss	Debrief Dismiss

Additional:

Ride alongs will be scheduled within the posted schedule depending on the needs of the district at the time.

MINNESOTA DEPARTMENT OF PUBLIC SAFETY

Driver License/Criminal History Form

The Department of Public Safety requests the following information in order to determine if you have been convicted of crimes, which directly relate to the position you seek with the Department of Public Safety. The requested information is a continuation of the application process pursuant to Minnesota Statute. Your signature on this form authorizes the Department of Public Safety to request a search of your record for any driver license and criminal history.

While you are not required to provide this information, failure to do so may result in removing your name from consideration. The information requested below is private data by law. Your name, including any previous names and your date of birth are necessary to accurately access criminal history information. Although optional, you are requested to provide your gender and race/ethnicity to ensure that the records received are yours. Access to this information will be limited to individuals within the Department of Public Safety whose job duties reasonably require access and to any individuals to whom you provide written consent. Additionally, access to this information will be released without your consent as follows:

- to the Commissioner of Minnesota Management and Budget (Minn. Stat. Ch. 43A);
- to labor organizations, to the extent necessary to implement state law governing labor relations (Minn. Stat. §13.43);
- if required by court order; or
- Authorized by other state or federal law.

Please provide us with the information requested below. Please Print.

List previous names used: _____ Date of Birth: _____

Race/Ethnicity: _____ Gender: _____

Have you been convicted of a felony, gross misdemeanor, or misdemeanors for which a jail sentence may have been imposed? Yes _____ No _____

If yes, please use the reverse side to provide a complete chronology of your offense history. Include the type of offense, county, state, date and final disposition (i.e. jail time, fine, probation, etc.).

Driver License Number _____ State of Issue _____

certify the above information to be true and accurate to the best of my knowledge. I understand that
failure to disclose information or providing false information may subject me to the penalties of M.S.
§43A.39.

Signature _____ Date _____

_____ If applicant is under 18 years of age, a parent or guardian must sign _____ Date



Ride-Along Participant Agreement

The Minnesota State Patrol wants your ride-along experience to be one that is mutually beneficial to you and the Patrol. As such, the following regulations have been developed to protect both you and the Trooper's safety. Adherence is mandatory, and any violation may result in the immediate termination of the ride-along.

1. Participants shall understand that they are under the direction of the Trooper with whom they are riding with at all times during the ride-along.
2. If a Trooper is called to an extremely hazardous incident (e.g., ordered to assist in riot/fight duty, to assist other law enforcement officer whose life is endangered, etc.) the participant may be delivered to a business establishment, law enforcement agency office, or other reasonable site and will notify the Radio Communications Operator of the situation.
3. By participating in a ride-along, riders shall:
 - Wear seatbelts at all times while the vehicle is in motion.
 - Dress conservatively.
 - Testify if called or subpoenaed as a witness, about any event observed while participating in the ride along program.
 - Understand that their participation in the ride along program may be terminated at any time for any reason
4. Ride-along participants shall not:
 - Be left in charge of, or alone with, arrested or detained persons;
 - Question or converse with arrested or detained persons;
 - Exit the vehicle unless instructed to do so by the Trooper;
 - Engage in photography, videography, or audio recording unless the rider is a member of the media and has prior approval from the District/Section Supervisor, and
 - has the citizen's explicit written approval to use the images, video, or recordings; or,
 - Renders any images of persons stopped, license plates, and other readily identifiable objects indistinguishable if the citizen does not give written approval.
 - Be allowed into a residence or any other location where the occupant has a reasonable expectation of privacy without having given consent;
 - Carry a firearm or any other weapon. This includes off-duty peace officers from states other than Minnesota or those with a permit to carry a firearm. Peace officers from Minnesota may carry a firearm, but must carry proper identification;
 - Participate in an investigation or other special operation;
 - Be present during any formal interviews with criminal suspects or informants;
 - Have access to confidential materials such as criminal history;
 - Drive the patrol unit, except in an emergency, as directed by the Trooper or with approval from the District/Section Commander;
 - Participants shall not assume any police powers nor perform any police duties except as may be directed by the member in order to protect the life of the participant, the member, other employee of the State Patrol, or a third party.

Participant Acknowledgement: _____ Date: _____

If participant is a minor:

Parent/Guardian: _____

Date: _____

**DEPARTMENT OF PUBLIC SAFETY
MINNESOTA STATE PATROL
WAIVER OF CLAIM**

NAME _____ PHONE NUMBER: _____

LAST FIRST MIDDLE

ADDRESS _____ EMPLOYER: _____

CITY _____ STATE _____ ZIP _____ DOB _____

BE IT KNOWN, THAT I, _____, on _____
(Name) (Date)

being of lawful age, or with parental or guardian approval, and of sound mind, for myself and heirs, administrators, executors and assigns, hereby waive the right to assert any claim or action against the State of Minnesota and its employees and agents for any injury, loss or damage, to my person and/or property, including injuries resulting in death, arising out of any accidents or events occurring while a passenger in a Minnesota State Patrol vehicle or aircraft and/or accompanying members of the Minnesota State Patrol in the performance of their duties.

I am aware that circumstances, events, dangers or hazards may arise or occur while I am a passenger in a State Patrol vehicle or aircraft and/or accompanying members of the State Patrol that could expose me to harm and may result in injury, loss, damage or death, and I assume the risk of such circumstances, events dangers or hazards, whether reasonably foreseeable or not.

I further agree to save and hold the State of Minnesota harmless from any and all claims that may arise or are attributable directly or indirectly to me in conjunction with my accompanying a member of the State Patrol whether or not the loss is due to negligence on the part of the State of Minnesota or its employees.

I have read the above, and I fully understand the legal significance of my signature, and I have received a copy of this waiver.

SIGNED: _____ PARENT/GUARDIAN IF UNDER
18 YRS OF AGE: _____

SPOUSE: _____

Permission is hereby granted to the above named person and whose signature is affixed to this form to ride as a passenger in a State Patrol vehicle or aircraft and accompany _____
(Member's name)

A member of the State Patrol, in the performance of their duties on _____.

*** APPROVED BY STATE PATROL SUPERVISOR:**

(Supervisor's signature)

(Time and Date)

- If approval is by phone or radio, member must list the supervisor and the time and date of the approval with the note "Obtained by Phone".

Form must be submitted with the member's weekly report with a copy to the person accompanying the State Patrol member.



Alcohol
and Gambling
Enforcement

Bureau of
Criminal
Apprehension

Driver
and Vehicle
Services

Emergency
Communication
Networks

Homeland
Security and
Emergency
Management

Minnesota
State Patrol

Office of
Communications

Office of
Justice Programs

Office of
Pipeline Safety

Office of
Traffic Safety

State Fire
Marshal



Minnesota State Patrol

1900 W. County Road I • Shoreview, Minnesota 55126
Phone: 651.757.1900 • Fax: 651.628.6797 • TTY: 651.282.6555
msp.dps.mn.gov

CONFIDENTIALITY AGREEMENT

As a student being mentored by the State Patrol, you may have access to records and information maintained at the Department of Public Safety. This information may include private and/or confidential information. Your access to this information is granted to you and authorized only for the purposes of carrying out duties assigned to you as part of your mentorship. By signing this document, you agree that you will not discuss, disclose or disseminate the information you obtain during your internship at the Department of Public Safety with any other individual unless you are authorized to do so. Such authorization will be provided by your supervisor.

I have read and understand this statement and agree to its terms.

Printed Name

Date

Signature